


REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	36856.1238
	First Named Inventor	Michio KADOTA
	Original Patent Number	6,366,002
	Original Patent Issue Date (Month/Day/Year)	April 2, 2002
	Examiner Name	T. Dougherty
	Express Mail Label No.	

 APPLICATION FOR REISSUE OF: (Check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format <i>(amended, if appropriate)</i> 4. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i> 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 C.F.R. 1.175) (PTO/SB/51 or 52)</i> 6. <input type="checkbox"/> Power of Attorney 7. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement (PTO/SB/96) 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(If applicable, all of the following are necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c). 11. <input checked="" type="checkbox"/> Original Patent Grant <input checked="" type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i> 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(If applicable)</i> 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 17. Other:

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number:			OR	<input checked="" type="checkbox"/> Correspondence address below		
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Country USA		Telephone (703) 385-5200		Fax (703) 385-5080		
Name (Print/Type) Joseph R. Keating				Registration No. 37,368		
Signature 				Date: March 31, 2004		

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number: 36856.1238

Claims as Filed - Part 1

	(1) Claims in Patent	(2) Claims in Reissue Application	(3) Number of Extra Claims	Small Entity			Other than Small Entity	
				Rate	Fee		Rate	Fee
Total Claims	(A) 20	(B) 32	**** 12=	x \$ 9 =	\$	or	x \$18 =	\$216
Independent Claims	(C) 1	(D) 2	* 0 =	x \$43 =	\$		x \$86 =	\$
				Basic Fee		\$	or	\$770
				Total Filing Fee		\$		\$986

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid for	(3) Extra Claims Present	Small Entity			Other than Small Entity	
					Rate	Fee		Rate	Fee
Total Claims	***	MINUS	**	* =	x \$ 9=	\$	or	x \$18=	\$
Independent Claims	***	MINUS	*****	=	x \$43=	\$		x \$86=	\$
				Total Additional Fee		\$	or	\$	

* If the entry in (D) is less than the entry in (C), write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, write "20" in this space.

*** After any cancellations of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

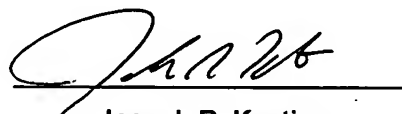
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ Please charge Deposit Account Number _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- ☐ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any over payment to Deposit Account Number _____. A duplicate copy of this sheet is enclosed.
- ☐ A check in the Amount of \$ _____ to cover the filing/additional fee is enclosed.
- ☒ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

3-31-04

Date



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